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## Noble Purpose, Grand Design, Flawed Execution, Mixed Results: Soviet Socialized Medicine after Seventy Years

The equitable provision of health care, its outreach and its soaring costs have become prime political, ideological and economic issues in the United States. In seeking solutions it seems logical to look at a completely different system that claims (or at least claimed) that it had the right answers. And this precisely was the view held, some years ago, by the noted medical historian Henry Sigerist: "Soviet socialized medicine has inaugurated a new period in the history of medicine. . . How can we ignore," he asked, "the country that has made the boldest departure in the medical field . . . we can learn a great deal from the USSR."<sup>1</sup> Looking at the dismal picture painted by Schultz and Rafferty in this issue of the *Journal*,<sup>2</sup> one wonders how much can we learn and how much we can learn to ignore or avoid in the Soviet health care system. This impression of failure is bolstered by the chorus of complaints in the Soviet sources unlocked by *glasnost* and led by the Health Minister himself, Evgenii Chazov, recently appointed by Gorbachev to clean the mess. Minister Chazov, who obviously has an ax to grind, has lambasted publicly practically every aspect of Soviet medicine from the lack of funds to the poor quality of physicians, the dilapidated state of most hospitals, the lack of pharmaceuticals and medical equipment, and an infant mortality rate more characteristic of an under-developed nation than of the second most powerful industrial country in the world.<sup>3</sup> Chazov<sup>4</sup> has been pleading his cause to a government that has steadily reduced its allocations to health care to less than half of what he thinks it needs to bring it up to a level commensurate with that of other developed nations and of contemporary medical technology. Soviet socialized medicine was originally conceived as part of an ambitious and progressive design to remake man and society.<sup>5</sup> Its principles were simple and noble: health care was a right of citizenship; it was to be provided by society, and its keystone was prevention; there would be little distinction between public health and clinical medicine; physicians would become public servants, compensated by society; private practice and the cash nexus between physician and patient would become a relic of the past. And the benefits of medical knowledge and technology would be enjoyed by all equally. Socialized medicine was thus conceived as a comprehensive health program, integrated with all other aspects of society, dispensed and financed by the state: it was definitely not meant as an insurance scheme.

The achievements of Soviet socialized medicine are not as bleak as the picture painted by Schultz and Rafferty. Quantitatively the progress has been impressive both in numbers of personnel and facilities. A system of emergency medical care was instituted, and serious efforts were made to

extend medical care to the rural districts and the periphery.<sup>6</sup> In spite of recent reverses, mortality and morbidity indices improved greatly when one looks at the last 70 years. But the quality of these achievements, the emphasis on numbers rather than substance and performance have led to the very mixed results reported today.<sup>7</sup>

It appears that the regression of the Soviet health system from its undeniable achievements must be traced to the period of Brezhnev, now commonly called a time of stagnation, which began in 1964. As economic indices of growth began to fall and as the system became increasingly sclerotic, the health system also began to fail. Shortages and corruption became endemic, leading to the situation described by Schultz and Rafferty. Thus a great deal remains to bring Soviet socialized medicine, or Soviet medicine, closer to its original goals and blueprint.

What has happened to health care in the Soviet Union is not, in my opinion, an indictment of the basic principles of socialized medicine. But the soil in which these germinal ideas were planted became increasingly inhospitable: Soviet society, with its hypertrophied state, its bureaucratism and corruption, its de-emphasis on the welfare of the individual (except for the élites for whom nothing is too good), the financial starving of the health care system and the miserable salaries paid its personnel (which leads to payments under the table vitiating the principle of free care), and the perennial shortages of adequate buildings, pharmaceuticals and medical equipment including disposable needles. Nevertheless, my impression, reinforced by testimony from Soviet émigrés, is that the *principle* of socialized medicine is one of the most popular and accepted aspects of the Soviet system. It is its execution that is faulted.

The program of *perestroika* launched by Gorbachev to remedy the major ills of Soviet society applies equally to the health care system.<sup>8</sup> It includes, among others, a limited amount of privatization but this has been hemmed in by all kinds of bureaucratic and ideological factors.<sup>9</sup> The health system will also need large infusions of funds which does not seem realistically possible considering the financial straits of the Soviet Union. Moreover, money alone will not solve all problems: often equipment, labor, construction materials are simply not available. The problems of Soviet medicine are therefore also the problems of Soviet society: the solution to the former cannot be achieved without that of the latter. So far neither Gorbachev nor Chazov has been particularly successful.

As we struggle in the United States toward a solution of our health problems and health costs, as we hesitate between

tinkering with our present arrangements, or instituting universal insurance, or a national health maintenance organization, or a health program we must ask ourselves: to what degree is American society a hospitable soil for these various ideas and schemes. For a health system, to paraphrase John Donne, is not an "*Island, intire of its selfe . . . it is part of the maine. . .*"

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## Prevention 90: Assuring the Public's Health

PREVENTION 90, the seventh annual national disease prevention and health promotion meeting, will be held in Atlanta, Georgia, April 19-22, 1989. "Assuring the Public's Health" is the theme of the meeting. Stanley E. Broadnax, MD, MPH, Cincinnati Health Commissioner and Past-President of the US Conference of Local Health Officers, will deliver the keynote address, "Empowering the People."

More than 200 experts will lead over 30 educational sessions on such topics as the future of public health, drug testing, educating and training public health professionals, worksite health screening, passive smoking, sexually transmitted diseases in men, care for the poor and the uninsured, health problems in urban settings, environmental risks, and other relevant topics.

Up to 30 Category-1 CME and prescribed AAFP credits can be earned by attending PREVENTION 90. Twenty-six co-sponsoring organizations with interest in preventive medicine are represented on the Planning Committee and through presentations by their members.

General sessions will feature such esteemed leaders in the field of disease prevention/health promotion as Lester Breslow, MD, addressing "The Future of Public Health," and Beny J. Prym, MD, discussing "Drug Testing and Evaluating Solutions to Substance Abuse." One general session will focus on "Assuring Workers' Health," exploring clinical preventive services in managed care settings.

There will also be workshops, computer demonstrations, a poster session, book and product exhibits, job placement service, and sightseeing tours. Workshops will address skills such as sexual history-taking, electronic networking, communicating with legislators, putting prevention into practice, and curtailing adolescent access to cigarette vending machines.

Registration information is available from the Meeting Manager, PREVENTION 90, 1030 15th Street, NW, Suite 410, Washington, DC 20005, Telephone: (202) 789-2928.